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Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be reimbursement for date of service 2-8-02.
 - b. The request was received on 5-2-02.

II. EXHIBITS

- 1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC-66C
 - c. Price Alert January 15, 2002
 - d. EOB
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Affidavit of Non-Existence of Business Record
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-19-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-22-02. The response from the insurance carrier was received in the Division on 7-25-02. Based on 133.307 (i) the insurance carrier's response is timely.
- 4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

Requestor: Letter dated 7-8-02:
 "1) THE FEE IN DISPUTE IS \$7.90 AND \$100.00 FOR Mr.'S MEDICAL RECORDS...3) I HAD DONE A SERVICE TO, THEREFORE SHOULD GET

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PAID IN FULL, PLUS INTEREST AND THE FEE OF HIS MEDICAL RECORDS (ATTACHMENT ONE). 4) ALL PHARMACY'S CLAIM FOLLOW THE TWCC'S PHARMACEUTICAL FEE GUIDELINE."

2. Respondent: Letter dated 5-13-02:

"I have reviewed the MR-100 received from the TWCC on 5-13-02. I have searched our records, and cannot find that a TWCC-60 has been filed with, and also cannot locate a billing received from Pharmacy for the date of service February 8, 2002. Since no TWCC-60 has been received, as well as no billing, I do not know what the dispute is so that I can properly respond."

IV. FINDINGS

- 1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 2-8-02.
- 2. The only service listed on the Table of Dispute Services is dated 2-8-02 for Zanaflex.
- 3. The Carrier has denied the disputed charge as reflected on the EOB as, "F FEE GUIDELINE MAR REDUCTION".
- 4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue	BILLED	PAID	EOB Denial	MAR\$	REFERENCE	RATIONALE:
	CODE			Code(s)			
2-8-02	Zanaflex 4 mg #60	\$93.00	\$85.09	F	No MAR	MFG; Pharmaceutical Fee Guideline (II) (A) (1); Price Alert 1-15-01	The Carrier has denied the disputed medication's charge and denied it as "F". There is no MAR established for this medication. TWCC utilizes the monthly publication of Price Alert in accordance with the Pharmacy Fee Guideline formula to establish applicable reimbursement. Price Alert dated 1-15-02 reflected Average Wholesale Price of \$203.66 for 150 count Zanaflex. \$203.66 ÷150 = \$1.36 ea. (\$1.36 x 60 count = 81.60 x \$1.09 = 88.90 + \$4.00 = \$92.94). Therefore, the Requestor is entitled to additional reimbursement of \$7.85 as requested on the Table of Disputed Services.
Totals		\$93.00	\$85.09				The Requestor is entitled to reimbursement in the amount of \$7.85

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V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$7.85 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this <u>16th</u> day of <u>September</u> 2002.

Lesa Lenart, RN Medical Dispute Resolution Officer Medical Review Division

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